



STRATEGY BRIEF

STRONG FAMILIES

What are family treatment courts and how do they **improve outcomes for children and families?**

This brief is part of a series on family treatment courts developed in partnership with [Children and Family Futures](#). Forthcoming briefs on this topic discuss practice-level strategies to improve outcomes for families affected by a parent's substance use disorder and the role of FTCs as a catalyst for systems change. For more information about Family Treatment Courts, please consult the [Family Treatment Court Best Practice Standards](#) or contact Children and Family Futures at FDC@cffutures.org.

Child welfare agencies and their community partners often struggle to meet the needs of families affected by substance use disorder, due to the limited availability of family-friendly treatment options, caseworker and court personnel's misconceptions about substance use and treatment, and the competing timelines of the parent's recovery and child's permanency (as mandated by state and federal law). For a growing number of communities, family treatment courts offer an effective solution.

A family treatment court (FTC), considered a problem-solving court by leading judicial and legal organizations,¹ is a family court docket for cases of child



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maltreatment in which parental substance use is a contributing factor. FTCs offer a promising model for all courts, providing insight into better ways of engaging families both before and — when necessary — after children are placed in foster care. Child protective services, treatment professionals, court personnel, and community partners coordinate services with the goals of ensuring that children have safe, nurturing, and permanent homes; parents achieve stable recovery; and each family member receives the services and supports needed. In 2019, approximately 500 FTCs were operating in 48 states, the District of Columbia, and Guam.

FTCs are one element of a full spectrum of services for families in the child welfare system, including proactive pre-petition and multidisciplinary post-petition quality legal representation, and parent partner programs. All stakeholders within the child welfare system — including agency and judicial leaders, and community and substance use disorder treatment providers — play a crucial role in promoting proactive approaches to engaging families. FTCs are well-tested interventions that support positive outcomes, including improved recovery for adults, improved safety for children, and timely permanency for families. This brief discusses some key components of FTCs, reviews the evidence in support of FTCs, and offers examples of the primary structural models.

Key components

FTCs are complex, multidisciplinary, and collaborative interventions that are intentionally family-centered in their approach. They do not all look the same — in fact, the details vary considerably from jurisdiction to jurisdiction — but well-functioning FTCs adhere to a common set of evidence-informed best practices.

Multisystemic collaborative approach

The power of an FTC lies in its collaborative, family-centered approach. No single agency has the skill or capacity to meet all family members' needs, so professionals from multiple service systems work together with children, parents, and other family members to leverage community resources that may help the family achieve its treatment and reunification goals, as well as — if needed — to obtain employment, reliable transportation, and safe and affordable housing. FTCs operate at the intersection of multiple service providers: the court; the child protection agency; substance use disorder and mental health treatment systems; and related health, educational, and social service systems. Collaborative casework for individual families is supported by strong cross-systems relationships, communication protocols, and a formal governance structure.



Families affected by parental substance use that are involved in the child welfare system require a collaborative and family-centered approach that builds on their strengths and resolves their unique challenges and needs. Collaboration is the core of family treatment courts. Their non-adversarial model of practice brings together the expertise of staff in substance use disorder treatment, child welfare prevention and intervention, family law, mental health services, and other family support agencies. The family-centered approach means that each member in the family participates in comprehensive service delivery focused on improving the family's child welfare and recovery outcomes.

— NANCY K. YOUNG,
EXECUTIVE DIRECTOR, CHILDREN AND FAMILY FUTURES

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Jefferson County, Colo., created a joint advisory committee (JAC) that serves as the oversight body for three separate court initiatives with overlapping goals, vision, and leadership: the local FTC (operating since 2008); a pilot project under Colorado's Statewide System Improvement Program (SSIP); and a Prevention and Family Recovery grant. The JAC was responsible for creating a shared vision among the three programs, identifying and removing barriers to systems change, developing a comprehensive spectrum of care for all families affected by substance use disorder in Jefferson County's child welfare system, and ensuring families receive intervention that matches their needs. The JAC meets quarterly and oversees both the SSIP steering committee and FTC steering committee. With a broad, cross-sector membership that includes a Supreme Court justice,

executive directors of state parent counsel and child attorney agencies, a representative from the managed service organization, and representatives from the state Department of Human Services and the state court office, the JAC has been able to build meaningful relationships among leaders, use data to inform decision making, and address systems-level challenges. A recent evaluation found that, when compared to an "equivalent" group of non-participants, families that did participate were less likely to be involved in a subsequent assessment or out-of-home placement, and more likely to have children remain or return home and achieve reunification more quickly.

Source: Jefferson County Family Integrated Treatment Court Cost Offset Study, Year 2 Final Report

A multidisciplinary team of professionals comprising representatives from partner organizations administers the daily operations of the FTC. This team includes: the judge; FTC coordinator (often employed by the courts); child welfare agency/ state's attorney; parent's attorney; child's attorney; guardian ad litem and/or court-appointed special advocate; child welfare caseworker; substance use disorder treatment provider; mental health treatment provider; and child and adolescent service providers. Representatives from other related agencies, including health, educational, vocational, law enforcement, and probation also attend hearings and team meetings as needed. Consistent, coordinated communication among team members, and between team members and parents, ensures that expectations are clearly defined for parents and that children, parents, and other family members receive the support they need.

Governance structure

Most FTCs have a governance structure that includes three groups:²

- **Oversight body**, which may be a function of an existing community group or a group formed specifically for this purpose. The oversight body includes executive-level staff of partner organizations, community leadership, and elected officials. This group typically meets quarterly, seeking to improve outcomes for child welfare-involved families through community strengths and needs assessment, resource allocation, and policy change.
- **Steering committee**, composed of supervisory-level staff. The steering committee meets monthly or bimonthly to provide input to direct services staff and explore solutions to identified barriers. The members of the steering committee have authority to make decisions for their organizations.

One of the greatest things about family treatment court was the wraparound meetings. Everyone was on the same page, and I had so much support.

— PARENT WHO PARTICIPATED IN FTC, KING COUNTY, WASH

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- **Operational team**, consisting of staff who provide direct services to children, parents, and families. The operational team meets weekly or biweekly to review specific cases and participates in additional meetings to discuss administrative issues related to policy, procedures, and barriers to family participation.

Family-centered, culturally relevant, and trauma-informed

Family-centered policies and practices are essential in the daily operations of the FTC, as well as in every staff member's interaction with children and families. Family-centered care ensures that each family member has an opportunity to have his or her safety, health, and treatment needs identified and considered in the family's treatment plan. Providing those services in a culturally relevant way increases the likelihood of participants remaining in treatment and achieving positive outcomes.

Trauma-informed policies and practices recognize that many children and parents receiving child welfare and substance use treatment services have experienced significant trauma. A trauma-informed approach ensures that staff recognize signs and symptoms of trauma, understand the effect of traumatic experiences on participants' actions, promote resilience, provide opportunities for participants to make decisions affecting their lives, and implement policies and practices that seek to avoid retraumatizing children, parents, and other family members. According to Judge Ann Gail Meister, Presiding Juvenile Judge, 1st Judicial District, in Jefferson County, Colorado, "The Families that walk through my courtroom have been beaten up in life, and they don't need me to beat them up anymore. A trauma-informed approach means I

recognize where these families are coming from, and all the professionals in the courtroom recognize that, so we can create an environment where children and families feel safe and we can work toward improving the issues that brought them to the court."

Effectiveness

The effectiveness of FTCs has been assessed by considering outcomes in five areas (referred to as the "5 Rs"): recovery; remain at home; reunification; repeat maltreatment, and re-entry to foster care. **Recovery** outcomes for parents are well established. Compared with parents receiving conventional child welfare and dependency court interventions, parents participating in FTCs appear to enter treatment more quickly, stay in treatment longer, and complete treatment at higher rates.³ The evidence also is strong for **reunification**. A 2019 meta-analysis of 16 evaluations examining FTC outcomes found that families participating in an FTC were approximately twice as likely to reunify as families receiving conventional services. The increase in family reunification rates did not appear to have any effect on the risk of **repeat maltreatment** or **re-entry**. Other studies have found that children of parents participating in FTCs spend less time in out-of-home care and achieve permanency more quickly.⁴ The **remain at home** outcome is more difficult to assess. Although some FTCs are able to serve families before children are removed or a petition is filed, the number of preventive or early intervention FTCs is still relatively small. Limited studies suggest that children of FTC participants experience fewer removals and fewer placement changes while in foster care.

If you want change in your life, you have to be willing to do the work and be accountable for your actions.

— PARENT WHO PARTICIPATED IN EARLY INTERVENTION FAMILY TREATMENT COURT, SACRAMENTO COUNTY, CALIF.

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In King County, Wash., FTC has been a leader in evidence-based practices and was designated as a National Peer Learning Court in 2014 and 2018. A quasi-experimental study compared outcomes for all parents who entered the FTC between 2006 and 2009 to a statistically matched comparison group served by regular dependency court. Findings included the following:

- Parents who participated in FTC were **significantly more likely to be admitted to and use treatment services** than comparison group parents. After the index petition was filed, 88% of parents who participated in FTC were admitted to treatment vs. 54% of comparison parents.
- Parents who participated in FTC **entered treatment faster, remained in treatment longer, and were more likely to be successfully discharged**. The median average time to entry for parents who participated in FTC was 51 days vs. 115 days for comparison parents. Parents who participated in FTC also remained in treatment twice as long: an

average of 109 days vs. 53 days.

- Children of parents who participated in FTC **spent less time in out-of-home placements** and less time in the child welfare system. Children with parents in the FTC spent an average of 481 days in out-of-home placements vs. 689 days for the comparison group.
- At the end of the study, children of parents who participated in FTC **were more likely to be permanently reunified** or be on a trial home visit with their parent (58% vs. 34%).
- Analyses of differences by race/ethnicity generally indicated that **families of color in the FTC had more positive outcomes than families of color in the comparison group**. Comparisons with white families in FTC were mixed.

Source: Bruns, E. J., Pullmann, M., Wiggins, E., & Watterson, K. (2011). King County Treatment Court outcome evaluation final report. Division of Public Behavioral Health and Justice Policy, Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine.

Program models

FTCs may exhibit one of two common structural designs: the integrated model (one docket), or the parallel model (two dockets). One model is not inherently superior to another — the choice typically is dictated by the community environment (for example, urban vs. rural) and the total number of children the FTC intends to serve. In both models, case plans receive more frequent hearings and reviews than the parent would receive in a traditional dependency docket.

Integrated model

The integrated model consists of a single docket (often referred to as one judge, one family) where the same judge oversees both the parent's treatment and recovery plan, and the child's dependency case plan. This happens through weekly or biweekly case

reviews for treatment court components, with separate dependency hearings. In some jurisdictions, the judge may also handle any pending child endangerment (criminal) cases.

The advantage of this model is that the FTC operational team is familiar with both the treatment/recovery and dependency aspects of the case plan. It is easier to share information and coordinate services for the entire family, and the court is less likely to impose conflicting demands that complicate a family's ability to make progress toward reunification.

However, the intensive nature of this model may create more work for judges, who must possess expertise in both dependency matters and issues surrounding substance use disorder. The judicial workload may result in limiting the number of families that can participate in FTC. In addition, formal communication

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In **Sacramento County, Calif.**, Early Intervention Family Treatment Court (EIFTC) was formed with the hope of improving engagement and outcomes for families experiencing substance use disorder that were eligible for informal supervision (a prevention program in lieu of court intervention for families with children up to age 12 and a petition that is able to be filed). If parents agree to engage, the child welfare agency drafts a formal petition for removal that is held in abeyance as long as the parent commits to the program.

Families accepted to the program are referred to STARS, a private behavioral health partner agency that provides recovery case management for participants. STARS employs recovery specialists, most of whom have lived experience with substance use disorder. The recovery specialists support parents at all stages of the process, including administering testing, and they are in constant communication with CPS social workers. STARS also offers parenting support, including a group specifically for fathers and another (called Celebrating Families!) that welcomes all members of the extended family to participate together.

Since 2007:

- 8.5% of children who were home at program enrollment were able to remain with their families through the duration of the child welfare case.

- 90.2% of parents who participated in EIFTC entered treatment.
- 51.1% of parents who participated in EIFTC successfully completed treatment.
- 5% of children of parents who participated in EIFTC experience repeat maltreatment within 12 months, which is significantly lower than the overall repeat maltreatment rate in Sacramento County (9.9%).
- Among parents who participate in EIFTC, 44.8% identified their primary substance use as methamphetamine, 23.9% marijuana, and 12.3% heroin/opiates

The Sacramento County Family Drug Court's annual evaluation in 2020 found disparate outcomes by race, with Black and American Indian children less likely to remain at home and more likely to experience repeat maltreatment than white children. The leadership team is reviewing the data to identify strategies that can address these disparities.

Source: January 14, 2021, interview with Barbara Oleachea, Program Planner for CPS and Coordinator for FTCs; Nikki Nelson, Early Intervention Coordinator for FTC – Bridges/Star Program; Kimberly Grimes, Program Planner with Behavioral Health Substance Abuse Prevention and Treatment; Karen Parker, ER Division Manager for CPS.

protocols and practices are essential among stakeholders on the treatment court team in an integrated model to avoid potential challenges with ex parte communications or judicial ethics.

Parallel model

In the parallel model, one docket oversees the dependency aspects of the case plan, while a specialized docket oversees the treatment court and related recovery case plans. In this model, the treatment court judge works with the FTC team to

identify the needs of parents, children, and families, and to coordinate services for them. However, the FTC court orders only concern the parent; orders regarding the status of the child and child welfare case remain under the purview of the dependency court docket.

This model allows judges to specialize in one area and share the workload, so larger numbers of families may be served. However, having two different dockets may increase the burden and stress on family members, who must navigate two

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judicial processes and appear before two different judges. It also increases the risk of conflicting case plan demands. Establishing clear and effective information-sharing protocols between the two dockets is essential.

Post-file and pre-file courts

In both the integrated and parallel models, FTCs define target populations according to their community's strengths and needs. The vast majority of FTCs are post-file, meaning allegations have been substantiated

and a petition has been filed with the dependency court. At that point, parents are screened to identify whether they meet the FTC's eligibility criteria.

In jurisdictions with a pre-file model, parents can participate in an FTC prior to the filing of a petition alleging abuse or neglect. This model is designed to enhance the parent's recovery by providing more timely access to treatment. It may also allow children to remain safely in the home by providing access to services that prevent unnecessary removals and deeper system involvement.

To learn more, visit Questions from the field at Casey.org.

- 1 The Conference of Chief Justices, Conference of State Court Administrators, and the National Center for State Courts all support family treatment courts as problem-solving courts that seek to understand the underlying problem(s) contributing to involvement.
 - 2 Partner organizations are represented on each level. For some communities, especially in rural and tribal jurisdictions, this three-tiered governance structure is unrealistic. These jurisdictions may employ a two-tiered approach that includes an operational team and a formal policy-setting committee consisting of executive-level and supervisory-level staff that meets at least quarterly to address the combined goals of an oversight body and a steering committee.
 - 3 Bruns, E. J., Pullmann, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). rac Child Maltreatment, 17(3), 218-230; Green B. L., Furrer C., Worcel S., Burrus S., Finigan M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. Child Maltreatment 12(1), 43-59.
 - 4 Green B. L., Furrer C., Worcel S., Burrus S., Finigan M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. Child Maltreatment, 12(1), 43-59; Harwin, J., Ryan, M., Tunnard, J., Pokhrel, S., Alrough, B., Matias, C., & Momenian-Schneider, S. (2011). The family drug & alcohol court (FDAC) evaluation project final report. Retrieved from <https://www.nuffieldfoundation.org/sites/default/files/files/FDAC%20EVALUATION%20FINAL%20REPORT%20-%20May%202011.pdf>

